BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number					
L	PAIEN	I APPL	JCATI Effe	Ctive No.	DET rembe	ERMINA 19	FION REC (98	ORI						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAI	L ENTIT	Y O		ER THAN		
L	OR		NUME	NUMBER FILED NUME			EXTRA		RATE			RATE		
В	ASIC FEE							1		380.0	\exists	<u> </u>	760.00	
Ŧ	OTAL CLAIMS		/ S minus 20=						X\$ 9=		\dashv	1		
IN	DEPENDENT	/ minus 3 =			•				<u></u>		-	- 		
М	ULTIPLE DEPE	NDENT	CLAIM PRESENT					1	X39=			X78=	 	
*	* If the difference in column 1 is less than zero, enter "0" in column 2								+130=		O	+260=		
								TOTAL	· <u> </u>	OF	TOTAL	7/2		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3						_	SMALI	L ENTITY	OR		R THAN ENTITY		
AMENDMENT A		REM/	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total =	 *		Minus	**		=		X\$ 9=		OR	X\$18=	 	
AM	Independent	*		Minus	***		=	ŀ	X39=	1	1	-	 	
	FIRST PRES	ENTATIO	N OF MI	ULTIPLE DE	PEND	ENT CLAIM		 		 	OR	X/0=	 	
								L	+130=		OR	+260=		
		(Colu	1\					Al	TOTAL DDIT. FEE		OR	ADDIT. FEE		
ENDMEN B	CLAIMS HIGHEST						(Column 3)	_			_			
		REMA AFT AMENI	ER		PRI	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*		Minus	**		=	T	X\$ 9=			X\$18=	FEE	
- L	Independent	*	10540	Minus			=	H	X39=		OR	X78=	 	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									 	OR	A/6=		
								L	+130=		OR	+260=		
			,					AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
T		(Colur CLAI	MS I			lumn 2) - GHEST	(Column 3)							
		REMAI AFTI AMEND	ER		NI PRE	JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
:	Total	* -		Minus	**		=		(\$ 9=	<u> </u>		X\$18=	FEE	
: _	ndependent	*		Minus	***		=	\vdash	K39=		OR			
Т,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X78=		
lf t	If the entry in column 1 is less than the intry in column 2, write "0" in column 3.										OR	+260=		
If	The space is less than 20 sees								TOTAL IT. FEE		OR A	TOTAL DDIT. FEE		
- 11	——————————————————————————————————————	DEL LIBAIO	Isly Paid	For (Total or	Indeper	ndent) is the h	nighest number f	ound	in the app	ropriat box	c in colu	ımn 1.		